

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

Date Prepared: _____

510(k) number: K022894

Applicant Information:

Epicor Medical, Inc.
240 Santa Ana Court
Sunnyvale, CA 94085-4512

Contact Person

Kathi M. Guerrant
Phone Number: (408) 733-6500
Fax Number: (408) 733-6682

Device Information:

Classification:	Unclassified
Trade Name:	Epicor Medical Ablation System, including the UltraWand Ablation Device, Ablation Control System, and Connecting Cable
Classification Name:	Ultrasonic Surgical Instruments

Equivalent Device:

The subject device is substantially equivalent in intended use and/or method of operation to the Boston Scientific Cobra Flex Family of Surgical Probes (K010956, K013873), the AtriCure Coagulation System (K011722, K020919); the AFx Microwave Ablation System (K003978, K013946); the Medtronic Cardioblate Radiofrequency Ablation System (K013392); CardioFocus Malleable Surgical Lightstic (K013901); the CryoCath SurgiFrost probe (K021010) and the Cardima Ablation System (K022008).

Intended Use:

The Epicor Medical Ablation System (the UltraWand Ablation Device, Ablation Control System, and Connecting Cable) is intended for the ablation of cardiac tissue during cardiac surgery.

Test Results:

Performance

Results of *in vitro* and *in vivo* testing demonstrate that the Epicor Medical Ablation System is safe and effective for its intended use.

Biocompatibility

The materials used in the Epicor Medical Ablation System meet the requirements of ISO 10993-1.

Summary: Based on the intended use, product, performance and biocompatibility information provided in this notification, the subject device has been shown to be substantially equivalent to the currently marketed predicate devices.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 26 2004

Epicor Medical, Inc.
c/o Ms. Kathi M. Guerrant
Vice President, Regulatory Affairs and Quality Assurance
240 Santa Ana Court
Sunnyvale, CA 94085-4512

Re: K022894
Trade Name: Epicor Medical Ablation System, including UltraWand Ablation Device,
Ablation Control System, and Connecting Cable
Common Name: Ultrasonic Surgical Instrument
Regulatory Class: Unclassified
Product Code: LFL
Dated: December 12, 2003
Received: December 15, 2003

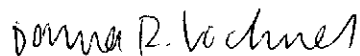
Dear Ms. Guerrant:


We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4648. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



 Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K022894

Device Name: **Epicor Medical Ablation System, including the UltraWand Ablation Device, Ablation Control System, and Connecting Cable**

Indications For Use:

The Epicor Medical Ablation System (the UltraWand Ablation Device, Ablation Control System, and Connecting Cable) is intended for the ablation of cardiac tissue during cardiac surgery.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Dan R. Vachon
(Division Sign-Off)
Division of Cardiovascular Devices

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